1367387

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Numi	ber:	3235-007	6					
Expires:	April	30,2008 je burden						
Estimated	averag	je burden						
hoursperr	espons	se 16.0	0					

SEC USE	ONLY
Prasx	Senal
1	
DATE REC	DE IVED
	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Green Gold Incorporated	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section	4(6) JULY SEE RECEIVED
Type of Filing: New Filing Amendment	JAN 3 (1)
A. BASIC IDENTIFICATION DATA	3 0 2002
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	186 E10H
Green Gold Incorporated	SEE
Address of Executive Offices (Number and Street, City, State, Zip Cod	
115 West 7th Street, Suite 1415, Fort Worth, TX 76102	817-980-8079
Address of Principal Business Operations (Number and Street, City, State, Zip Cod (if different from Executive Offices) 502 East John Street, Carson City, NV 89706	de) Telephone Number (Including Area Code)
Brief Description of Business	DDOCECCE
	PROCESSE
minerals and oil & gas	
Type of Business Organization Type of Description Des	er (please specify): FEB 1 3 2007
	a (mean specify).
Month Yest	THOMSON
	Estimated FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for S	
CN for Canada; FN for other foreign jurisdiction)	NV
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation 77d(6).	n Dor Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offe and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address give which it is due, on the date it was mailed by United States registered or certified mail to that address.	en below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C.	20549.
Coples Required: Five (5) copies of this notice must be filed with the SEC, one of which must be man photocopies of the manually signed copy or bear typed or printed signatures.	usally signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only thereto, the information requested in Part C, and any material changes from the information previously s not be filed with the SEC.	
Filling Fee: There is no federal filling fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) to ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim accompany this form. This notice shall be filed in the appropriate states in accordance with state this notice and must be completed.	the Securities Administrator in each state where sales in for the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption.	

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filing of a federal notice.

		A. BASIC IDE	ENTIFICATION DATA		
2. Enter the information re	quested for the fol	lowing:			
Fach promoter of t	he issuer, if the iss	uer has been organized w	ithin the past five years:		
• Each beneficial ow	ner having the pow	er to vote or dispose, or dir	rect the vote or disposition	of, 10% ormore of	a class of equity securities of the issuer.
 Each executive off 	icer and director o	f corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
 Fach general and n 	nanaging partner o	f partnership issuers.			
Check Box(cs) that Apply:	Promoter	Beneficial Owner	X Executive Officer	∑ Dirccter	General and/or Managing Partner
Full Name (Last name first, i	f individual)	والمالية المراجع فالنافة المساحد ومرسوم ورسود			
Romano, James D.					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	rde)	·	
115 West 7th Street, Su	ite 1415, Fort W	Vorth, TX 76102			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	or studies recommend a distance resource in the first section.	particular particular spectroscopic spectros	HERER WELLINGS STREET, ST. CO.	and which the state of the stat
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		AMANDAN GARAGONIAN MARINEN PARA PROPERTY OF THE PARA PARA PARA PARA PARA PARA PARA PAR
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	designative statistical expression contracts contracted community accounts when	cinds below with the description of the second of the seco	ggggan sannyar antgager sonen varensk film	deka-mininka kurilalin gelegen kujubi- mi ninka quembra artenta jelebisek sedestambetek 600 % m
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		-
Check Bex(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		MARKET CONTRACTOR OF THE PARTY		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		and the state of t
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	(individual)	V		ny m _{arinin} ippipininjiri kindella elittilla e	
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	nde)	an ann ann an ann an ann an ann an an an	di Landonia Aluma Bungar quiumi bililika Sahata (diadah) 180101-180101-180101 dara 1
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		adi. Makalaka (mililarana), mililak (ilini) (ilini), (ilini), (ilini), (ilini), (ilini), (ilini), (ilini), (ili		ritherholdering have been extremely seen, seems because the field to "Andrew" to extreme I seems II
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		tay isahiintaa. Ahaan samaan uumuud tahuna vuotuud sahiittaksi takkita mittaksi sakeet
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)	nagunungkapa Tagapiggippi digik sarinder dahriladir padalakkesin ^a teres 49.5	inal kalla darin usususi kana inta kasadan usulahini lahandalam bilakiliki	ika, indikumun andarakkunin Anasmun (in-a-a-a-a-a-	, <u>maranamini nuuruuri suundiinkiin kalunnidaan,</u> hargansi suurannoon hoosimada hikeenta oo Afrikad
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)	a dinami menin menin menin mener	
	(Use bla	nk sheet, or copy and use	additional copies of this s	hœi, as necessary	

					В. 13	NFORMATI	ON ABOU	r offeri	NG				
		•		•					ulsia uOomi	7		Yes	No 🗀
I.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										X	L	
2.	What is the minimum investment that will be accepted from any individual? 5 2,000												
۷.											Yes	No	
3.	Does th	e offering p	permit jain	t own e rshi	p of a sing	le unit?		······				X	
4.	Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any compression or similar requirement for solicitation of purchasers in connection with sales of securities in the offering												
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such												
						ire than five on for that				ciated pers	ons of such		
Ful			first, if indi						<u> </u>		 .		
Bus	siness or	Residence	Address (N	lumber and	l Street, Ci	ty, State, Z	ip Code)						
Nai	me of Ass	sociated Br	oker or De	aler								-	
Sta	tes in Wh	ich Person	Listed Has	s Sulicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	" or check	individual	States)							☐ All	States
	AL	[ĀK]	AZ.	AR	CA	col	CT	DE	[DC]	(FL)	GA	HL	[dl]
	IL		ĪĀ	KS	KY	LA	ME	MD	MA	ML	MN	MS	MO
	MT	NE	NV	NH	LN	NM	NY	NC	ND	<u>OH</u>	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	[WY]	[PR]
Ful	l Name (Last name	first, if ind	ividual)		-							
Bu	cinese or	Residence	Address (1	Number an	d Street C	lity, State, 2	Zin Code)				<u> </u>		
.,	31110.23	residence	ridaresa (i		a izriooi, c	,	, , , , , , , , , , , , , , , , , , ,						
Nai	me of As:	sociated Br	oker or De	aler		•							
Sta	tes in Wh	rich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		<u></u>				
	(Check	"All States	a" or check	individual	States)			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				□ AI	l States
	AL	AK	[AZ]	AR	CA	CO	CT	DE	[DC]	FL	GA	ĦD	
	IL		IA]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MÖ
	MT	NE	NV	NH	NI	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WL	WY	PR
Ful	l Name (Last name	first, if ind	i vidual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
					d Street, C	City, State, I	Zip Cade)						
			Address (1 oker or De		d Street, C	City, State, I	Zip Cade)						
Na	me of As:	sociated Br	oker or De	aler		Bity, State, F						· · · · · · · · · · · · · · · · · · ·	
Na	me of Ass	sociated Br	oker or De	aler s Solicited	or Intends	·	Purchasers					Al	l States
Na	me of Ass tes in Wh (Check	sociated Braich Person "All States	oker or De Listed Has or check	s Solicited individual	or Intends States)	to Solicit	Purchasers CT	DE	DC	FL	GA	HI	ID
Na	me of Ass tes in Wh	sociated Br nich Person "All States	oker or De Listed Ha	s Solicited individual	or Intends	s to Solicit	Purcha sers						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

i.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged.	Aggrega	ate.	Aır	nount Already
	Type of Security	Offering		7	Sold
	Debt\$	0		\$	0
	EquityS	1,500,	000	\$	95,000
	∑ Common ☐ Preferred				
	Convertible Securities (including warrants)	. 0		\$	0
	Partnership Interests			\$	0
	Other (Specify)			\$	0
	TotalS		000	\$	95,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Numbe	er	D	Aggregate ollar Amount
		Investo	-		of Purchases
	Accredited Investors	8		\$ _	95,000
	Non-accredited Investors	0		\$_	0
	Total (for filings under Rule 504 only)			\$ _	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
		Туре		D	ollar Amount
	Type of Offering	Securit	*		Sold
	Rule 505			S	
	Regulation A			2_	
	Rule 504	 		\$_	
	Total			\$	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		X	S	0
	Printing and Engraving Costs		X	\$	500
	Legal Fees		X	s _	5,000
	Accounting Fees		X	\$	0
	Engineering Fees		X	\$	0
	Sales Commissions (specify finders' fees separately)		X	\$	0
	Other Expenses (identify)		X	S	0
	Total		(<u>Y</u>	s	5.500

€.	OFFERING PRICE	. NUMBER	OF INVESTORS.	EXPENSES.	AND INF	OF PROCEINS

	and total expenses furnished in response to	egate offering price given in response to Part C Part C — Question 4.a. This difference is the	"adjusted gross		S 1.	494.500
5.	Indicate below the amount of the adjusted each of the purposes shown. If the amo	d gross proceed to the issuer used or propose unt for any purpose is not known, furnish a he total of the payments listed must equal the	d to be used for m estimate and		* '3	
			Om Direct Affili	ents to cers, ors, & ates		yments to Others
	Salaries and fees		\$ 🔀	0	X \$_	0
	Purchase of real estate		🔀 \$	0	X S_	0
	Purchase, rental or leasing and installati and equipment	on of machinery		0	X \$_	0
	Construction or leasing of plant building	gs and facilities	X S	0	<u></u> \$	0
	offering that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another	 	0	⋈ ऽ_	0
					X S_	0
	Working capital		🔀 \$			1,494,500
	Other (specify):		X \$	0	X \$	0
				0	X \$_	0
	Column Totals		🛚 S	0	⊠ \$	1,494,500
	Total Payments Listed (column totals ad	ided)		∑ \$ 1,4	194,500	<u>) </u>
		D. FEDERAL SIGNATURE				
sign	nature constitutes an undertaking by the iss	ned by the undersigned duly authorized perso sucr to furnish to the U.S. Securities and Exc y non-accredited investor pursuant to parag	change Commission, upo	n written	: 505, (reque:	he following st of its staff
Issa	ter (Print or Type)	Signature	Date			
<u>G</u> n	een Gold Incorporated		January	26, 2007		
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type)				·-
Ja	mes D. Romano	President				

- ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

L	E. STATE SIGNA	TURE		
1.	Is any party described in 17 CFR 230,262 presently subject to any of provisions of such rule?		Yes No	
	See Appendix, Column 5, fo	r state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state admin D (17 CFR 239,500) at such times as required by state law.	istrator of any state in which this notice is file	d a notice o	n Form
3.	The undersigned issuer hereby undertakes to furnish to the state admissuer to offerees.	nistrators, upon written request, information	n furnished	l by the
4.	The undersigned issuer represents that the issuer is familiar with the limited Offering Exemption (ULOE) of the state in which this notice i of this exemption has the burden of establishing that these conditions	s filed and understands that the issuer claimi	ed to the Ung the avai	Juiform Iability
	suer has read this notification and knows the contents to be true and has duly athorized person.	s caused this notice to be signed on its behalf i	by the under	rsigned
lssuer ((Print or Type) Signature	Date		
Green	Gold Incorporated	January 26, 2007		
Name ((Print or Type) Title (Print or Type)			

Instruction:

James D. Romano

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

APPENDIX 2 3 4 5 ı Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate explanation of offering price Type of investor and to non-accredited waiver granted) offered in state amount purchased in State investors in State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Enter Accredited Non-Accredited Security Yes No Investors Investors Amount Amount State Yes No Name Here ΑL X \$1,500,000 X ΑK X X \$1,500,000 ΑZ X X \$1,500,000 AR X X \$1,500,000 CA\$20,000 X \$1,500,000 2 X CO \$1,500,000 Х X CT X X \$1,500,000 DE X Х \$1,500,000 DC X \$1,500,000 Х FL Х X \$1,500,000 $G\Lambda$ X \$1,500,000 Х HI X \$1,500,000 1 \$5,000 X ID \$1,500,000 Х X IL X \$1,500,000 X IN \$1,500,000 X Х IA X X \$1,500,000 KS X \$1,500,000 X KY \$1,500,000 X X LA X X \$1,500,000 ME \$1,500,000 X X MD X \$1,500,000 X MΛ \$1,500,000 X X MI Х X \$1,500,000 MN \$1,500,000 Х X MS X \$1,500,000 X

APPENDIX

1		2	3			4		5						
	to non-a	to sell ceredited s in State -ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Type of investor and explanamount purchased in State waiv		Type of investor and amount purchased in State		Disqua under St (if yes be of investor and explar at purchased in State waive		ification ate ULOE attach ation of granted) -Item 1)
State	Yes	No	Enter Security Name Here	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No					
мо	х		\$1,500,000						х					
МТ	x		\$1,500,000						x					
NE	х		\$1,500,000						x					
NV	х		\$1,500,000						х					
NH	х		\$1,500,000						х					
ΙNJ	х		\$1,500,000						x					
NM	х		\$1,500,000						х					
NY	x		\$1,500,000						x					
NC	х		\$1,500,000						x					
ND	x		\$1,500,000						<u>x</u>					
ОН	х		\$1,500,000						x					
ок	X		\$1,500,000	1	\$25,000				х					
OR	х		\$1,500,000						х					
PA	x		\$1,500,000						х					
RI	х		\$1,500,000						x					
SC	х		\$1,500,000						х					
SD	х		\$1,500,000						x					
TN	х		\$1,500,000						х					
TX	х		\$1,500,000	4	\$45,000				х					
UT	х		\$1,500,000						x					
VΤ	х		\$1,500,000						х					
VA	х		\$1,500,000						х					
WA	х		\$1,500,000						x					
wv	х		\$1,500,000						х					
WI	x		\$1,500,000						x					

				APP	ENDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3			4		5 Disqual	lification
			edited offering price Type of investor and State offered in state amount purchased in State				Type of investor and amount purchased in State		ate ULOE attach ation of granted) -Item 1)
State	Yes	No	Enter Security Name Here	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY	X		\$1,500,000						х
PR	Х		\$1,500,000						x

